

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Values where determined.) Unchecked items must be corrected before using instrument. DVM TEST: (.350 +/150)299			
66-005000 LOCATION OF INSTRUMENT (STREET AND CITY) Sobriely Checkpoint - MOST Bus (634 Prospect Avenue Kansas City, Missouri) Place a check (-/) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. Place a check (-/) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. Place a check (-/) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. Place a check (-/) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. Place a check (-/) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be within established limits. (Write in observed values where determined.) PRINT TEST (PRINTOUT ATTACHED) (Passed) PRINT NAME (Passed) PRINT TEST (PRINTOUT ATTACHED) (Passed) PRINT TABLE (Passed) PRINT TABLE (Passed) PRINT NAME (Passed) POD. Randall E. Vestal #3160 TYPE II PERMIT NUMBER/EXPIRATION DATE	instrument is repaired. Send copy to Department of Health; Retain original in d	entive maintenance check/lland whenever epartment file.	
LOCATION OF INSTRUMENT (STREET AND CITY) Sobriely Checkpoint - MOST Bus (634 Prospect Avenue Kansas City, Missouri) Place a check (*) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. ☑ DVM TEST: (350 +/- 150)299	INTOXILYZER 5000 SN	DATE OF INSPENTION LACE.	
Sobriety Checkpoint - MOST But (634 Prospect Avenue Kansas City, Missouri) CHECKLIST Place a check (*) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. **DVM TEST: (350 +/150)299		05-29-2009	
G34 Prospect Avenue Kansas City, Missouri) 2250 hours		TIME OF INSPECTION	
Place a check (*) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. **Months** **DVM TEST: (.350 +/150)299		2250 hours	
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Modern Display Test (Passed) PRINT TEST (PRINTOUT ATTACHED) (Passed) PRINT TEST (PRINTOUT ATTACHED) (Passed) TIME AND DATE (Passed) CALIBRATION CHECK- (Passed) Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL.—CHECK MODE) (PRINTOUT ATTACHED) 10.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 10.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 10.040% STANDARD IS TO BE USED PER MAINTENANCE REPORT) TEST 1	Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.		
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TEST 1	0.040% STANDARD – MUST READ BETWEEN 0.038% AND 0.0	42% INCLUSIVE	
SIMULATOR TEMPERATURE (34° +/2°C) 34.0 degrees Celsius (Passed) ✓ PERFORM RFI TEST (PRINTOUT ATTACHED) (Passed) ✓ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS) REFUSALS 2 004 0 .0509 4 .1014 8 .1519 2 Over .19 0 List any new parts and describe any afteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary). The listed instrument was tested and certified within the guidelines set forth by the Missouri Department of Health and Senior Services. Guth Laboratories, Inc. Lot number: 08400 Concentration: .10% Expiration: 12-08-2009 INSPECTING OFFICER SIGNATURE PRINT NAME P.O. Randall E. Vestal #3160 TYPE II PERMIT NUMBER/EXPIRATION DATE	(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE RE	PORT)	
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7.0. Kandall (Lestal 3/60 P.O. Randall E. Vestal #3160 TYPE II PERMIT NUMBER/EXPIRATION DATE TELEPHONE NUMBER		PRINT NAME	
TYPE II PERMIT NUMBER/EXPIRATION DATE TELEPHONE NUMBER	PO Handell / Jostal BILO		
920060 / 03-19-2011 816-482-8843	TYPE II PERMIT NUMBER/EXPIRATION DATE		
	920060 / 03-19-2011	816-482-8843	



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1204 percent (w/vol) ethyl alcohol. The expiration date for this lot number is December 8, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

634 PROSPECT AVE. INTOXILYZER - ALCOHOL AHALYZER MO MODEL 5000 SN 66-005000 05/29/2009

TEST	ZBAC	TIME
AIR BLANK	. 899	22:52
CAL. CHECK	. 893	22:52
AIR BLANK	. 000	22:52
CAL. CHECK	. 699	22:53
AIR BLANK	. 000	22:53
CAL. CHECK		22:54
AIR BLANK	. 600	22:54

NO RFI PRESENT .

834 PROSECT NVE. INTOXILYZER - ALCOHOL AMALYZER MO MODEL 5000 SN 66-905000 05/29/2009

DIAGNOSTIC TEST

22:55

PROM CHECK E735, 23 RAM CHECK TEMP CHECK	PASSED PASSED PASSED
PROCESSOR CHECK SYNC PULSE SYNC SPEED	PASSED PASSED
NEG STABILITY POS STABILITY	FASSED PASSED
REF RANGE	PASSED

DIAGNOSTIC

PASSED

PRINTER CHECK ABCDEFGHIJKLMNOPORSTUUWXYZ 0123456789

SN 66-005000 E735.23

05/29/2009 22:55

SN 66-005000 E735.23 INVALID TEST INHIBITED - RFI 05/29/2609 22:56

LOCATION OF TEST 634 Prospect av

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

SUBJECT NAME Instrument Certification LOCATION OF TEST 634 Prospect Civil

OFFICER'S SIGNATURE & SERIAL NO.

Form 123 P.D. (8-91)

State of Missouri DEPARTMENT OF HEALTH



MO 580-0771 (7-88)

PERMIT TYPE II



Lab, 4 (R7-88)

RANDALL E. VESTAL

is hereby authorized to instruct and supervise operators, train instructors, inspect calibrate, perform field repairs, and operate the following breath analyzer(s):			
INTOXILYZER 5000			
for the determination of the alcoholic air. Issued under the provisions of se	content of blood from a sample of expired (alveolar) ctions 577.020 through 577.041, RSMo 1986.		
Date 03/19/09	John of Mathewson		
920060 Number	Director of State Public Health Laboratory		
03/19/2011 Expires	Margart T. Donnelly		
•	Director Department of Health		